FIS 1010 (4/02) Office of Financial & insurance Services Authority: Section 487.2101 of the Michigan Compiled Laws

Financial Institution Complaint Form

Office of Financial and Insurance Services PO Box 30224 Lansing, MI 48909

For OFIS use only	Date Rec'd by DFI:	
Complaint Number:	Date Rec'd by Unit:	
Analyst:	Date Rec'd by Analyst:	
Refer to: A/G B.A.R. FTC OTS NCUA OCC SEC Other:	Date Withdrawn:	
	Date Closed:	

Please read the accompanying brochure before completing this form. Our authority is limited to companies that are chartered or licensed by the Office of Financial and Insurance Services. If your complaint involves a company we do not regulate, see the brochure for a list of regulatory agencies that may be able to help you.

Company Name:		Today's Date:		
Company Address (Number and Street):	City:	State:	Zip Code:	
Person(s) I Dealt With:		Company Telephone Number:		
My Name:		My Daytime Telephone Number:		
My Address (Number and Street):	City:	State:	Zip Code:	
Account Number (If Applicable):	umber (If Applicable): Check one: I have consulted legal counsel.		☐ I have NOT consulted legal counsel.	
My complaint involves:				
□ Checking/Draft Account □ Credit Card □ Fees □ Credit History □ Installment loan	□ Insurance □ Interest Rate □ Mortgage Loan		Savings/Share Account Trust Services Other	
Details of my complaint:				
Attach additional pages if necessary				
I authorize the Office of Financial and Insurance Services to send a copy of this complaint, together with supporting documents, to the company against which the complaint is filed. (Your signature is necessary for us to process your complaint.)				
	Signature			

Return this completed form to the Office of Financial and Insurance Services at the address above.

Visit OFIS on the Web at: http://cis.state.mi.us/ofis



Michigan Department of Consumer & Industry Services "Serving Michigan... Serving You"



Phone OFIS toll-free at: 1-877-999-6442